

Health and Dental Insurance Rates (\*)

Effective July 1, 2021

**NEW SETTLED**

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee Share	Weekly Deduction	Bi-Weekly Deduction	Semi Monthly Deduction	<b>COBRA RATES</b>
<b>BCBS Blue Care Elect Preferred (PPO) - For out of New England members only</b>								
Individual	\$1,078.79	75%	\$809.09	\$269.70	\$62.24	\$124.48	\$134.85	\$1,100.37
Family	\$2,789.39	75%	\$2,092.04	\$697.35	\$160.93	\$321.85	\$348.67	\$2,845.18
<b>BCBS Network Blue New England</b>								
Individual	\$955.77	75%	\$716.83	\$238.94	\$55.14	\$110.28	\$119.47	\$974.89
Family	\$2,471.00	75%	\$1,853.25	\$617.75	\$142.56	\$285.12	\$308.88	\$2,520.42
<b>City of Worcester - DIRECT - HMO</b>								
Individual	\$644.54	75%	\$483.41	\$161.14	\$37.19	\$74.37	\$80.57	\$657.43
Family	\$1,619.15	75%	\$1,214.36	\$404.79	\$93.41	\$186.83	\$202.39	\$1,651.53
<b>City of Worcester Advantage - HMO</b>								
Individual	\$796.01	75%	\$597.01	\$199.00	\$45.92	\$91.85	\$99.50	\$811.93
Family	\$1,976.32	75%	\$1,482.24	\$494.08	\$114.02	\$228.04	\$247.04	\$2,015.85
<b>City Advantage Qualified HDHP with HSA</b>								
Individual	\$577.27	75%	\$432.95	\$144.32	\$33.30	\$66.61	\$72.16	\$588.82
Family	\$1,433.25	75%	\$1,074.94	\$358.31	\$82.69	\$165.38	\$179.16	\$1,461.92
<b>**Altus Dental      Option 1 - High PLUS      <u>**ACTIVE EMPLOYEES ONLY</u></b>								
Employee	\$47.99	0%	0	\$47.99	\$11.07	\$22.15	\$24.00	\$48.95
Family	\$144.96	0%	0	\$144.96	\$33.45	\$66.90	\$72.48	\$147.86
<b>Altus Dental      Option 2 - High</b>								
Employee/Retiree	\$44.15	0%	0	\$44.15	\$10.19	\$20.38	\$22.08	\$45.03
<b>*Two Person</b>	\$88.30	0%	0	\$88.30	\$20.38	\$40.75	\$44.15	\$90.07
Family	\$132.35	0%	0	\$132.35	\$30.54	\$61.08	\$66.18	\$135.00
<b>Altus Dental      Option 3 - Low</b>								
Employee/Retiree	37.36	0%	0	37.36	\$8.62	\$17.24	\$18.68	\$38.11
<b>*Two Person</b>	74.71	0%	0	74.71	\$17.24	\$34.48	\$37.36	\$76.20
Family	108.02	0%	0	108.02	\$24.93	\$49.86	\$54.01	\$110.18
<b><u>* ONLY Retirees can have a 2-Person Dental Plan</u></b>								
<b>UnitedHealthcare Vision</b>								
Employee/Retiree		0%	0	\$5.36	\$1.24	\$2.47	\$2.68	\$5.47
Employ/Ret & Dependent		0%	0	\$10.72	\$2.47	\$4.95	\$5.36	\$10.93
Family		0%	0	\$16.08	\$3.71	\$7.42	\$8.04	\$16.40

**\*\* ALL PLANS - MANDATORY mail order for maintenance drugs**

**UNUM Optional Life Insurance - Age-bands**

**Elect coverage in \$10,000 increments, the lesser of 3x your annual salary or \$500,000.**

**Calculate premium: Amount elected divided by 1,000, then multiply by the rate = monthly cost.**

Employee - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69   70 - 74
Rate:	\$0.12	\$0.137	\$0.161	\$0.221	\$0.310	\$0.472	\$0.832	\$0.976	\$1.725   \$2.857
Spouse - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69   70 - 74
Rate:	\$0.092	\$0.107	\$0.131	\$0.191	\$0.280	\$0.442	\$0.802	\$0.946	\$1.695   \$2.827

(\*Listed premiums, plan designs, and contribution rates are subject to changes due to Collective Bargaining or by the authority of the City Manager when applicable.)